

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO 14748291 FILING DATE _____
APPLICANT(S) _____

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1							
2							
3							
4							
5							
6							
7							
8							
9	1		1		1		
10		1		1		1	
11		2		2		2	
12	1		1		1		
13							
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50							
TOTAL IND.	3		4		4		
TOTAL DEP.	15		25		27		
TOTAL CLAIMS	16		29		31		
51							
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